

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000007963

1. Corporation Name

ALL FLORIDA HEATING AND AIR INC.

Principal Place of Business

580 ROBINSON FARMS RD.
TALLAHASSEE FL 32317

Mailing Address

580 ROBINSON FARMS RD.
TALLAHASSEE FL 32317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

03 OCT 30 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2002

5. FEI Number

42-1528343

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JOHNS, STEPHEN T JR	580 ROBINSON FARMS RD.	TALLAHASSEE FL 32317
S	JOHNS, STEPHEN T SR	580 ROBINSON FARMS RD.	TALLAHASSEE FL 32317

8. Name and Address of Current Registered Agent

FLORES, OSCAR
12698 CAPITOLA RD.
TALLAHASSEE FL 32317

9. Name and Address of New Registered Agent

Name

Stephen T. Johns J.R.

Street Address (P.O. Box Number is Not Acceptable)

580 Robinson Farms Rd.

Suite, Apt. #, Etc.

City

Tall

State

FL

Zip Code

32317

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/30/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/03 2515616

Daytime Phone #

CR20040 (7/03)

To Whom It May Concern:

Please know that our annual Report
was not filed because we never
received it in the mail. (First or Second notice)
Please reinstate our company as
soon as possible.

Thank you

Stephen T. Johns Jr.

All Florida Heating & Air

10.30.03

STEPHEN T. JOHNS JR